

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	DOSHSMITH-01
	First Named Inventor	Dosh
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Art Unit	
	Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Loyalty Club Reward System for Use in a Broadcast Loyalty Program

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

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PTO/SB/01 (10-01)

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U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label: _____		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Law Office of Thomas C. Saitta, P.A.			
Address 6821-203 Southpoint Dr. North			
City Jacksonville	State FL	Zip 32216	
Country US	Telephone 904-296-5825	Fax 904-296-1561	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and power are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR: _____		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Sidney		Family Name or Surname Dosh, Jr.	
Inventor's Signature <i>Sidney Dosh</i>		Date 10/19/01	
Residence: City Crystal River	State FL	Country US	Citizenship US
Mailing Address P.O. Box 1290			
City Crystal River	State FL	Zip 34423	Country US
NAME OF SECOND INVENTOR: _____		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gordon Peek		Family Name or Surname Smith	
Inventor's Signature _____		Date _____	
Residence: City Ocala	State FL	Country US	Citizenship US
Mailing Address 1824 S.E. Seventh St.			
City Ocala	State FL	Zip 34471	Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

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Inventor's Signature		Date	
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Mailing Address P.O. Box 1290			
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NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Gordon Peek		Family Name or Surname Smith	
Inventor's Signature <i>Gordon Peek Smith</i>		Date 10/19/01	
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